

Plan Design Option #1

Diagnostic and Preventive Services

- **Oral examinations** – twice per plan year.
- **Diagnostic x-rays** – bitewings twice per plan year for dependents under age eighteen (18) and once per plan year for members age eighteen (18) and over.
- **Full mouth x-rays** – once each five (5) years.
- **Prophylaxis/cleanings (including periodontal maintenance)** – twice per plan year.
- **Topical fluoride** – twice per plan year for dependent children under age nineteen (19).
- **Space maintainers** – only for the premature loss of primary molars and only for dependent children under the age of fifteen (15).
- **Sealants** – covered for dependent children under age seventeen (17) and only when applied to permanent molars with no caries (decay) or restorations on the occlusal surface. Sealants are limited to one (1) per four (4) years.
- **Ancillary** – provides for visits to the dentist for the emergency relief of pain.

Basic Restorative

- **Regular Restorative Dentistry** – provides for amalgam (silver) restorations, composite (white) resin restorations, and stainless steel crowns for dependents under age twelve (12).
- **Oral surgery** – provides for extractions and related oral surgical procedures performed by the dentist, including pre- and post-operative care.
- **Endodontics** – includes procedures for root canal treatments and root canal fillings.
- **Periodontics** – includes procedures for the treatment of diseases of the gums and bone supporting the teeth.

Major Restorative

- **Special Restorative Dentistry** – provides for gold restorations and individual crowns when teeth cannot be restored with a filling material listed in Regular Restorative Dentistry.
- **Prosthodontics** – bridges, implants, partial and complete dentures, including repairs and adjustments.
- **Temporomandibular Joint Dysfunction (TMJ)** – treatment plan must be pre-authorized by Delta Dental for care to be covered. Treatment is limited to specific non-surgical procedures involving TMJ. Only the following procedures are covered:
 - 07820 – Closed reduction of dislocation
 - 07880 – Occlusal orthotic device
 - 09951 – Occlusal adjustment (limited)
 - 09952 – Occlusal adjustment (complete)

Orthodontics

- Covered at 50% Coinsurance to a max of \$1,000 per person per lifetime.
- Benefit is paid monthly over the course of treatment and is not a lump sum payment.
- Services must start while plan is in force.

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2010 Proposed Value-Based Dental Plan Design	PPO	Premier Network	Non Network Provider
Deductible			
Diagnostic and Preventive Services	\$0		
Basic Restorative Services	\$50 per person – maximum of 3 per family		
Major Restorative Services			
Base Benefit - Coinsurance with Diagnostic and Preventative Care			
Diagnostic and Preventive Services	100%	100%	100%
Basic Restorative Services	80%	60%	60%
Major Restorative Services	50%	50%	50%
Coinsurance without Diagnostic and Preventive Care			
Diagnostic and Preventive Services	100%	100%	100%
Basic Restorative Services	The base benefit coinsurance listed above will be reduced to 50% for all basic and major restoration services when the member has not received at least one diagnostic or preventive service such as a routine cleaning or exam in the preceding 12-month period. Ninety days after a routine cleaning or exam service has been received, the coinsurance will return to the base benefit level for all services received after that date. Emergent care does not count toward meeting the diagnostic or preventive requirement.		
Major Restorative Services			
Orthodontics	Covered at 50% up to \$1,000 per member per lifetime.		
Annual Maximum Benefit	\$1,700 for all services except orthodontics		

Coinurance amounts shown are the amounts paid by the Plan.